

City of Aransas Pass Residential Permit Application

☐ New Single Family ☐ Townhouse ☐ Duplex ☐ Addition ☐ Remodel ☐ Accessory Structure

Permit #:				Project Valuation:				
Project Address:								
Block:		Subdivision:		Property ID #				
Project Description:								
Living: Garage		e:	Porch:	Total:			Stories:	
Owner:				Phone #:				
Address:								
Contact:				Phone #:			Email:	
Engineer I		Name	Email Address			Phone #		
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A certificate of occupancy must be issued before a residence is occupied.								
Applicant Name (print):				Date:				
Applicant Signature:								
OFFICE USE ONLY BELOW								
Approved By:				Date Approved:				
Building Permit Fee:				Total Fees:				
Plumbing Permit Fee:				Issued Date:				
Mechanical Permit Fee:				Issued By:				
Electrical Permit Fee:				Project #:				
	Block: cription: Living: ate of oce ame (pringinature: y: mit Fee: Permit Fee	Block: cription: Living: Garag gineer ate of occupance ame (print): gnature: y: mit Fee: ermit Fee: Permit Fee:	Block: Subdivision cription: Living: Garage: gineer Name ate of occupancy must be is ame (print): gnature: OFFICE USE Constitution of the print of	Block: Subdivision: cription: Living: Garage: Porch: Phone # Phone # ate of occupancy must be issued before the print is gnature: OFFICE USE ONLY BELO y: Date Apmit Fee: Issued	Ress: Block: Subdivision: Foription: Living: Garage: Porch: Total: Phone #: Phone #: Remail Address Address Address Address Ame (print): By Block: Subdivision: For a result of the print of t	Ress: Block: Subdivision: Propertical Porch: Cription: Living: Garage: Porch: Total: Phone #: Phone #: Bigineer Name Email Address ate of occupancy must be issued before a residence are (print): Date: gnature: OFFICE USE ONLY BELOW V: Date Approved: Total Fees: Permit Fee: Issued Date: Issued By:	Ress: Block: Subdivision: Property ID # cription: Living: Garage: Porch: Total: Phone #: Phone #: Email: Attention: Attention: Phone #: Email Address Phone Attention: Date: Singular Phone Total Fees: First Order Property ID # Phone #: Email: Phone #: Date: Singular Phone #: Dat	